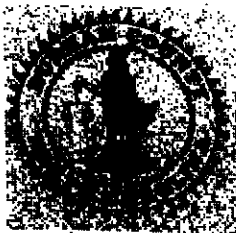


DURHAM COUNTY
BOARD OF ELECTIONS



NOTICE OF CANDIDACY
FOR MAYOR AND CITY
COUNCIL
2005

TO THE DURHAM COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as CITY COUNCIL / WARD 3
(Name of Office)

Ward 3, for the City of Durham in the regular Municipal Election to be held on the 8th of November, 2005.

4905 GUINEVERE COURT

Residence Address

DURHAM, NC 27712

City, State, Zip

Mailing Address

City, State, Zip

CHRIS KUKLA

Name as it will appear on Ballot

[Signature]

Signature of Candidate

475-2364

Home Telephone

313-8520

Work Telephone

christopher-kukla@hotmail.com

Email Address

Certification of Notice of Candidacy

I hereby certify that CHRIS KUKLA, the candidate who signed above, personally appeared before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

This 5 day of AUG, 2005.

Signature of Certifying Officer

Notary / Director

Title of Certifying Officer

My commission expires: May 31, 2006

NOTICE TO CANDIDATES:

All Notices of Candidacy, together with the proper filing fee, must be in the possession of the County Board of Elections by NOON on FRIDAY, August 5, 2005, to be accepted. This does not mean in the mail at that time, and all Notices arriving after that time cannot be accepted. Business, corporate checks or cash are not acceptable.

FILING FEES

Mayor City of Durham\$156.70

City Council Ward I, II, III\$122.40

For Office Use Only

1084 \$122.40
Check Number and Amount

347
Receipt Number

Received by

5 Aug 05

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT CHRIS KUKLA	
b. Mailing Address (Include City, State and Zip Code)	d. Date Organized
4905 GUINEVERE COURT DURHAM, NC 27712	8/5/05
	e. Phone Number
	475-2364

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
CHRISTOPHER KUKLA		NP
b. Mailing Address (Include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
4905 GUINEVERE COURT DURHAM, NC 27712	CITY COUNCIL, WARD 3	
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information

a. Full Name
CHRISTOPHER KUKLA
b. Mailing Address (Include City, State, and Zip Code)
4905 GUINEVERE COURT DURHAM, NC 27712

4. Custodian of Books Information

a. Full Name	b. Mailing Address (Include City, State, and Zip Code)

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (Include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (Incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose	
c. Code	d. Type

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

CHRISTOPHER KUKLA

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

8/5/05

Date



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name: CHRIS KUKLA
Treasurer Name: CHRIS KUKLA
Treasurer Address: 4905 GUMBEVERE COURT
(include city, state, & zip) DURHAM, NC 27712

Treasurer Phone: 475-2364

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

8/5/05

Date Signed

[Signature]
Signature of Candidate



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name: COMMITTEE TO ELECT CHRIS KUKLA
Treasurer Name: CHRISTOPHER KUKLA
Treasurer Address: 4905 GUNNEVERE COURT
(include city, state, & zip) DURHAM, NC 27712

Treasurer Phone: 475-2364

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8/5/05

Date Signed

[Signature]
Signature